



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CON OF 09/085,313 05/27/1998  
 WHICH IS A CON OF 08/667,452 06/21/1996 PAT 5,848,986  
 WHICH IS A CON OF 08/420,304 04/11/1995 PAT 5,531,677  
 WHICH IS A CON OF 08/109,190 08/19/1993 PAT 5,409,453  
 WHICH IS A CIP OF 07/929,638 08/12/1992 ABN  
 WHICH IS A CIP OF 08/012,370 02/02/1993 PAT 5,370,675  
 WHICH IS A CIP OF 08/062,364 05/13/1993 PAT 5,435,805  
 WHICH IS A CIP OF 08/061,647 05/13/1993 PAT 5,421,819  
 WHICH IS A CIP OF 08/061,072 05/14/1993 PAT 5,385,544  
 WHICH IS A CIP OF 07/945,666 09/16/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 06/24/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
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**TITLE**  
 Treatment Device      Guidable Needle  
 Steerable medical probe with stylets

<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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